

# AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

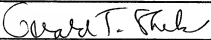
In re Application of: **Simcha Gendelman**Application No. **10/577,610**Filed: **9-25-2006**Title: **prepaid debit card processing**Attorney Docket No. **4529-97323**Art Unit: **3691**

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
<b>Sanford T. Cobb</b>	<b>26,856</b>

**This is not a Power of Attorney to the above-named practitioner.** Accordingly, the practitioner named above does **not** have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

## SIGNATURE of Practitioner of Record

Signature		Date	<b>2-20-2008</b>
Name	<b>Gerald T. Shekleton</b>	Registration No., if applicable	<b>27,466</b>
Telephone	<b>312-655-1500</b>		

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.